

Aflac Critical Care Protection

SPECIFIED HEALTH EVENT INSURANCE – OPTION 1

We've been dedicated to helping provide
peace of mind and financial security
for over 60 years.



* Available in participating agencies under Deduction Code 0219



Capital Insurance Agency, Inc.

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AFLAC CRITICAL CARE PROTECTION SPECIFIED HEALTH EVENT INSURANCE – OPTION 1

Policy Series A74000

CCP¹

Critical care for you. Added financial protection for your family.

Aflac's Critical Care Protection policy helps provide financial peace of mind if you experience a serious health event, such as a heart attack or stroke. You will receive a lump sum benefit upon diagnosis of a covered event with additional benefits to be paid for things such as a hospital confinement, ambulance, transportation, lodging, and therapy.

All benefits are paid directly to you, unless otherwise assigned, and can be used for any out-of-pocket expenses you have such as car payments, mortgage or rent payments, or utility bills. Aflac Critical Care Protection allows you to help protect the things you love the most from the things you expect the least.



Get the facts:

FACT NO. 1

ABOUT
EVERY

34 SECONDS

AN AMERICAN SUFFERS A HEART ATTACK.¹

FACT NO. 2

ABOUT
EVERY

40 SECONDS

SOMEONE IN THE UNITED STATES HAS A STROKE.¹

¹Heart Disease and Stroke Statistics, 2016 Update, American Heart Association.

Understand the difference Aflac can make in your financial security.

Aflac pays cash benefits directly to you, unless you choose otherwise. Aflac Critical Care Protection is designed to provide you with cash benefits if you experience a specified health event, such as sudden cardiac arrest or end-stage renal failure. This means that you will have added financial resources to help with expenses incurred due to a serious health event, to help with ongoing living expenses, or to help with any purpose you choose.

An illness or injury can happen to anyone, anytime—and when it does, everyday expenses may suddenly seem overwhelming. Fortunately, Aflac's Critical Care Protection can help with those everyday expenses, so all you have to focus on is getting well.

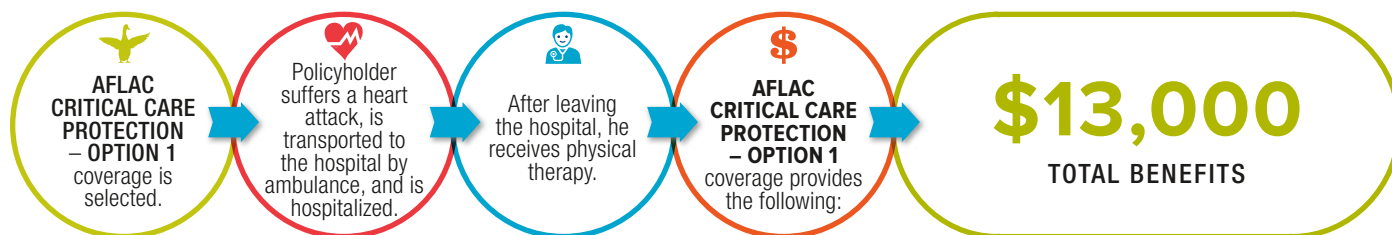
Aflac Critical Care Protection offers more types of benefits compared to other critical illness coverage on the market:

- Pays \$7,500 upon diagnosis of having had a specified health event, which increases to \$10,000 for dependent children
- Pays \$300 per day for covered hospital stays
- Pays benefits for physical therapy, speech therapy, rehabilitation therapy, home health care, and many more
- Transportation and lodging benefits payable for travel to receive treatment
- Guaranteed-renewable—as long as premiums are paid, the policy cannot be canceled

Specified health events covered by the Critical Care Protection policy include:

- Heart Attack
- Stroke
- Coronary Artery Bypass Graft Surgery (CABG)
- Sudden Cardiac Arrest
- Third-Degree Burns
- Coma
- Paralysis
- Major Human Organ Transplant
- End-Stage Renal Failure
- Persistent Vegetative State

How it works



The above example is based on a scenario for Aflac Critical Care Protection – Option 1 that includes the following benefit conditions: First-Occurrence Benefit (heart attack) of \$7,500, Ambulance Benefit (ground ambulance transportation) of \$250, Hospital Confinement Benefit (5 days) of \$1,500, and Continuing Care Benefit (30 days) of \$3,750.

The policy has limitations and exclusions that may affect benefits payable. For costs and complete details of the coverage, contact your Aflac insurance agent/producer. This brochure is for illustrative purposes only. Refer to the policy for benefit details, definitions, limitations, and exclusions.

Aflac Critical Care Protection – Option 1 Benefit Overview

BENEFIT NAME	BENEFIT AMOUNT
FIRST-OCCURRENCE BENEFIT: <div>Named Insured/Spouse</div> <div>Dependent Children</div>	<div>\$7,500; lifetime maximum \$7,500 per covered person</div> <div>\$10,000; lifetime maximum \$10,000 per covered person</div>
SUBSEQUENT SPECIFIED HEALTH EVENT BENEFIT	<div>\$3,500</div> <div>Subsequent occurrence limitations apply. No lifetime maximum.</div>
CORONARY ANGIOPLASTY BENEFIT	<div>\$1,000</div> <div>Payable only once per covered person, per lifetime</div>
HOSPITAL CONFINEMENT BENEFIT	<div>\$300 per day</div> <div>No lifetime maximum</div>
AMBULANCE BENEFIT	<div>\$250 ground or \$2,000 air</div> <div>No lifetime maximum</div>
CONTINUING CARE BENEFIT	<div>\$125 each day when a covered person is charged for any of the following treatments:</div> <div> <ul style="list-style-type: none"> • Rehabilitation Therapy • Physical Therapy • Speech Therapy • Occupational Therapy • Respiratory Therapy • Dietary Therapy/Consultation • Home Health Care • Dialysis • Hospice Care • Extended Care • Physician Visits • Nursing Home Care </div> <div>Treatment is limited to 75 days for continuing care received within 180 days following the occurrence of the most recent covered loss. No lifetime maximum.</div>
TRANSPORTATION BENEFIT	<div>\$.50 per mile, per covered person whom special treatment is prescribed, for a covered loss</div> <div>Limited to \$1,500 per occurrence; no lifetime maximum</div>
LODGING BENEFIT	<div>Up to \$75 per day, for covered lodging charges</div> <div>Limited to 15 days per occurrence; no lifetime maximum</div>
WAIVER OF PREMIUM BENEFIT	<div>Premium waived, from month to month, during total inability (after 180 continuous days)</div>

REFER TO THE FOLLOWING OUTLINE OF COVERAGE FOR BENEFIT DETAILS, DEFINITIONS, LIMITATIONS, AND EXCLUSIONS.

OPTIONAL FIRST-OCCURRENCE BUILDING BENEFIT

RIDER SUMMARY PAGE

Policy Rider Series A74000

CCP^R

PEACE OF MIND. CASH BENEFITS.

OUR INSURANCE POLICIES HELP PROVIDE BOTH.



The First-Occurrence Building Benefit Rider is a part of the policy and is subject to all policy provisions, unless modified herein.

WHAT WE WILL PAY

FIRST-OCCURRENCE BENEFIT

The First-Occurrence Benefit will be increased by \$500 on each rider anniversary date while the rider remains in force. (The amount of the monthly increase will be determined on a pro rata basis.) This benefit will be paid under the same terms as the First-Occurrence Benefit. This benefit will cease to build for each covered person on the anniversary date of the rider following the covered person's 65th birthday or at the time of a specified health event, subject to the Limitations and Exclusions of the policy, for that covered person, whichever occurs first. However, regardless of the age of the covered person on the effective date of the rider, this benefit will accrue for a period of at least five years unless a specified health event is diagnosed prior to the fifth year of coverage.

DEFINITIONS

EFFECTIVE DATE

The effective date of the rider is as stated in the Policy Schedule.

TERMINATION

The rider will terminate if the policy to which it is attached terminates, when the benefit has been paid to all covered persons as described in the First-Occurrence Benefit listed in your policy, or if the premium for the rider is not paid, or our receipt of your written request to cancel the rider, subject to section 125 of the Internal Revenue Code, if applicable.

**REFER TO THE POLICY AND RIDER FOR COMPLETE DEFINITIONS,
DETAILS, LIMITATIONS, AND EXCLUSIONS.**

Underwritten by:

American Family Life Assurance Company of Columbus

Worldwide Headquarters | 1932 Wynnton Road | Columbus, Georgia 31999
aflac.com | 1.800.99.AFLAC (1.800.992.3522)



OPTIONAL SPECIFIED HEALTH EVENT RECOVERY BENEFIT

RIDER SUMMARY PAGE

Policy Rider Series A74000

CCP^R

PEACE OF MIND. CASH BENEFITS.

OUR INSURANCE POLICIES HELP PROVIDE BOTH.



The Specified Health Event Recovery Benefit Rider is a part of the policy and is subject to all policy provisions, unless modified herein.

WHAT WE WILL PAY

SPECIFIED HEALTH EVENT RECOVERY BENEFIT

Aflac will pay \$500 per month while a covered person remains in specified health event recovery upon receipt of written proof of loss from that person's physician. Lifetime maximum of six months per covered person.

DEFINITIONS

SPECIFIED HEALTH EVENT RECOVERY

A covered person will be considered in specified health event recovery if he or she continues to be under the active care and treatment by a physician for a covered specified health event OR he or she is unable to engage in the duties of his or her regular occupation due to a covered specified health event. Specified health event includes heart attack, stroke, end-stage renal failure, major human organ transplant, third-degree burns, persistent vegetative state, coma, paralysis, coronary artery bypass graft surgery (CABG), or sudden cardiac arrest occurring on or after the effective date of coverage under the rider.

EFFECTIVE DATE

The effective date of the rider is as stated in the Policy Schedule.

TERMINATION

The rider will terminate if the policy to which it is attached terminates, when the lifetime maximum benefit has been paid to all covered persons as described above, or if the premium for the rider is not paid, or our receipt of your written request to cancel the rider, subject to section 125 of the Internal Revenue Code, if applicable.

**REFER TO THE POLICY AND RIDER FOR COMPLETE DEFINITIONS,
DETAILS, LIMITATIONS, AND EXCLUSIONS.**

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LIMITED BENEFIT

AFLAC CRITICAL CARE PROTECTION

American Family Life Assurance Company of Columbus
(herein referred to as Aflac)
Worldwide Headquarters • 1932 Wynnton Road • Columbus, Georgia 31999
Toll-Free 1.800.99.AFLAC (1.800.992.3522)
Visit our website at aflac.com

The policy described in this Outline of Coverage provides supplemental coverage
and will be issued only to supplement insurance already in force.

SPECIFIED HEALTH EVENT INSURANCE
Supplemental Health Insurance Coverage
Outline of Coverage for Policy Form A74100FL

THIS POLICY IS NOT A MEDICARE SUPPLEMENT POLICY.

If you are eligible for Medicare, review the Medicare Supplement Buyer's Guide available from the company.

- (1) **Read Your Policy Carefully:** This Outline of Coverage provides a very brief description of some of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth, in detail, the rights and obligations of both you and Aflac. It is, therefore, important that you READ YOUR POLICY CAREFULLY.
- (2) **Specified Health Event Insurance Coverage** is designed to supplement your existing accident and sickness coverage only when certain losses occur as a result of Specified Health Events or other conditions as specified. Specified Health Events are: Heart Attack, Stroke, End-Stage Renal Failure, Major Human Organ Transplant, Third-Degree Burns, Persistent Vegetative State, Coma, Paralysis, Coronary Artery Bypass Graft Surgery (CABG), or Sudden Cardiac Arrest. Coverage is provided for the benefits outlined in (3) **Benefits**. The benefits described in (3) **Benefits** may be limited by (5) **Exceptions, Reductions, and Limitations of the Policy**.
- (3) **Benefits:** While coverage is in force, Aflac will pay the following benefits, as applicable, subject to the Pre-existing Condition Limitations, Limitations and Exclusions, and all other policy provisions. The term "Hospital Confinement" does not include emergency rooms. Treatment or confinement in a U.S. government Hospital does not require a charge for benefits to be payable.
- A. FIRST-OCCURRENCE BENEFIT:** Aflac will pay the following benefit amount for each Covered Person when he or she is first diagnosed as having had a Specified Health Event:
- Named Insured/Spouse**
\$7,500 (Lifetime maximum \$7,500 per Covered Person)
- Dependent Children**
\$10,000 (Lifetime maximum \$10,000 per Covered Person)
- This benefit is payable only once per Covered Person, per lifetime.**
- B. SUBSEQUENT SPECIFIED HEALTH EVENT BENEFIT:** If benefits have been paid to a Covered Person under the First-Occurrence Benefit above, Aflac will pay \$3,500 if such Covered Person is later diagnosed as having had a subsequent Specified Health Event.
- For the Subsequent Specified Health Event Benefit to be payable, the subsequent Specified Health Event must occur 180 days or more after the occurrence of any previously paid Specified Health Event for such Covered Person. No lifetime maximum.**
- C. CORONARY ANGIOPLASTY BENEFIT:** Aflac will pay \$1,000 when a Covered Person has a Coronary Angioplasty, with or without stents.
- This benefit is payable only once per Covered Person, per lifetime.**
- D. HOSPITAL CONFINEMENT BENEFIT (includes confinement in a U.S. government Hospital):** When a Covered Person requires Hospital Confinement for the treatment of a covered Loss, Aflac will pay \$300 per day for each day a Covered Person is charged as an inpatient. **This benefit is limited to confinements for the treatment of a covered Loss that occur within 500 days following the occurrence of the most recent covered Loss. No lifetime maximum.**
- Hospital Confinement Benefits are payable for only one covered Loss at a time per Covered Person. Confinement in a U.S. government Hospital does not require a charge for benefits to be payable.
- This benefit is not payable on the same day as the Continuing Care Benefit. The highest eligible benefit will be paid.**
- E. AMBULANCE BENEFIT:** If, due to a covered Loss, a Covered Person requires ground ambulance transportation to or from a Hospital, Aflac will pay \$250. If air ambulance transportation is required due to a covered Loss, we will pay \$2,000. A licensed professional ambulance company

must provide the ambulance service. This benefit will not be paid for more than two times per occurrence of a Loss.

This benefit is not payable beyond the 180th day following the occurrence of a covered Loss. No lifetime maximum.

The Continuing Care, Transportation, and Lodging Benefits will be paid for care received within 180 days following the occurrence of a covered Loss. Benefits are payable for only one covered Loss at a time per Covered Person. If a Covered Person is eligible to receive benefits for more than one covered Loss, we will pay benefits only for care received within the 180 days following the occurrence of the most recent covered Loss.

F. CONTINUING CARE BENEFIT: If, as the result of a covered Loss, a Covered Person receives any of the following treatments from a licensed Physician, Aflac will pay \$125 each day a Covered Person is charged:

- | | |
|---------------------------------|-----------------------|
| 1. rehabilitation therapy | 7. home health care |
| 2. physical therapy | 8. dialysis |
| 3. speech therapy | 9. hospice care |
| 4. occupational therapy | 10. extended care |
| 5. respiratory therapy | 11. Physician visits |
| 6. dietary therapy/consultation | 12. nursing home care |

Treatment is limited to 75 days for continuing care received within 180 days following the occurrence of the most recent covered Loss. Daily maximum for this benefit is \$125 regardless of the number of treatments received.

This benefit is not payable on the same day as the Hospital Confinement Benefit. The highest eligible benefit will be paid. No lifetime maximum.

G. TRANSPORTATION BENEFIT: If a Covered Person requires special medical treatment that has been prescribed by the local attending Physician for a covered Loss, Aflac will pay 50 cents per mile for noncommercial travel or the costs incurred for commercial travel (coach class plane, train, or bus fare) for transportation of a Covered Person for the round-trip distance between the Hospital or medical facility and the residence of the Covered Person. This benefit is not payable for transportation by ambulance or air ambulance to the Hospital. Reimbursement will be made only for the method of transportation actually taken. This benefit will be paid only for the Covered Person for whom the special treatment is prescribed. If the special treatment is for a Dependent Child and commercial travel is necessary, we will pay this benefit for up to two adults to accompany the Dependent Child. The benefit amount payable is limited to \$1,500 per occurrence of a covered Loss. **Transportation Benefits are not payable beyond the 180th day following the occurrence of a covered Loss. THIS BENEFIT IS NOT PAYABLE FOR TRANSPORTATION TO ANY HOSPITAL LOCATED WITHIN A 50-MILE RADIUS**

OF THE RESIDENCE OF THE COVERED PERSON. No lifetime maximum.

H. LODGING BENEFIT: Aflac will pay the charges incurred up to \$75 per day for lodging, in a room in a motel, hotel, or other commercial accommodation, for you or any one adult family member when a Covered Person receives special medical treatment for a covered Loss at a Hospital or medical facility. The Hospital, medical facility, and lodging must be more than 50 miles from the Covered Person's residence. This benefit is not payable for lodging occurring more than 24 hours prior to treatment or for lodging occurring more than 24 hours following treatment. This benefit is limited to 15 days per occurrence of a covered Loss.

This benefit is not payable beyond the 180th day following the occurrence of a covered Loss. No lifetime maximum.

I. WAIVER OF PREMIUM BENEFIT:

Employed: If you, due to a covered Specified Health Event, are completely unable to do all of the usual and customary duties of your occupation for a period of 180 continuous days, Aflac will waive, from month to month, any premiums falling due during your continued inability. For premiums to be waived, Aflac will require an employer's statement and a Physician's statement of your inability to perform said duties, and may each month thereafter require a Physician's statement that total inability continues.

Not Employed: If you, due to a covered Specified Health Event, are completely unable to perform three or more of the Activities of Daily Living (ADLs) without Direct Personal Assistance for a period of 180 continuous days, Aflac will waive, from month to month, any premiums falling due during your continued inability. For premiums to be waived, Aflac will require a Physician's statement of your inability to perform said activities, and may each month thereafter require a Physician's statement that total inability continues.

If you die and your Spouse becomes the new Named Insured, premiums will start again and be due on the first premium due date after the change. The new Named Insured will then be eligible for this benefit if the need arises.

While this benefit is being paid, Aflac may ask for and use an independent consultant to determine whether you can perform an ADL.

(4) Optional Benefits:

FIRST-OCCURRENCE BUILDING BENEFIT RIDER:
(Form A74050FL) Applied for ☐ Yes ☐ No

The First-Occurrence Benefit, as defined in the policy, will be increased by \$500 on each rider anniversary date while the rider remains in force. (The amount of the monthly increase will be determined on a pro rata basis.) This benefit will be paid under the same terms as the First-Occurrence Benefit. This benefit will cease to build for each Covered Person on the anniversary date of the rider following the Covered Person's 65th birthday or at the time of a Specified Health Event, subject to the Limitations and Exclusions of the policy, for that Covered Person, whichever occurs first. However, regardless of the age of the Covered Person on the Effective Date of the rider, this benefit will accrue for a period of at least five years unless a Specified Health Event is diagnosed prior to the fifth year of coverage. (If the rider is Individual coverage, no further premium will be billed for the rider after the payment of benefits.)

SPECIFIED HEALTH EVENT RECOVERY BENEFIT RIDER:
(Form A74051FL) Applied for ☐ Yes ☐ No

SPECIFIED HEALTH EVENT RECOVERY: A Covered Person will be considered in Specified Health Event Recovery if he or she continues to be under the active care and treatment by a Physician for a covered Specified Health Event OR he or she is unable to engage in the duties of his or her regular occupation due to a covered Specified Health Event. "Specified Health Event" includes Heart Attack, Stroke, End-Stage Renal Failure, Major Human Organ Transplant, Third-Degree Burns, Persistent Vegetative State, Coma, Paralysis, Coronary Artery Bypass Graft Surgery (CABG), or Sudden Cardiac Arrest occurring on or after the Effective Date of coverage under the rider. (If the rider is Individual coverage, no further premium will be billed for the rider after the payment of lifetime maximum benefits.)

SPECIFIED HEALTH EVENT RECOVERY BENEFIT: Aflac will pay \$500 per month while a Covered Person remains in Specified Health Event Recovery upon receipt of written proof of Loss from that person's Physician.

Lifetime maximum of six months per Covered Person.

(5) Exceptions, Reductions, and Limitations of the Policy (not a daily hospital expense plan):

- A.** Aflac will not pay benefits for any Loss that is caused by a Pre-existing Condition unless the Loss occurs more than 12 months after the Effective Date of coverage.
- B.** Aflac will not pay benefits for any Loss that is diagnosed or treated outside the territorial limits of the United States or its possessions.
- C.** Aflac will not pay benefits whenever coverage provided by the policy is in violation of any U.S. economic or trade sanctions. If the coverage violates U.S. economic or trade sanctions, such coverage shall be null and void.
- D.** For any benefit to be payable, the Loss must occur on or after the Effective Date of coverage and while coverage is

in force. If more than one Specified Health Event per Covered Person occurs on the same day, only the highest eligible benefit will be paid.

E. The policy does not cover Losses or confinements caused by or resulting from:

- 1. Being intoxicated or under the influence of alcohol, drugs, or any narcotic, unless administered on the advice of a Physician and taken according to the Physician's instructions (the term "intoxicated" refers to that condition as defined by the law of the jurisdiction in which the cause of the Loss occurred);
- 2. Using any drug, narcotic, hallucinogen, or chemical substance (unless administered by a Physician and taken according to the Physician's instructions), or voluntarily taking any kind of poison or inhaling any kind of gas or fumes;
- 3. Participating in, or attempting to participate in, an illegal activity that is defined as a felony, if convicted ("felony" is as defined by the law of the jurisdiction in which the activity takes place), or being incarcerated in any detention facility or penal institution;
- 4. Participating in any sport or sporting activity for wage, compensation, or profit, including officiating or coaching; or racing any type vehicle in an organized event;
- 5. Intentionally self-inflicting a bodily Injury or committing or attempting suicide, while sane or insane;
- 6. Having elective surgery within the first 12 months of the Effective Date of coverage; or
- 7. Being exposed to war or any act of war, declared or undeclared, or actively serving in any of the armed forces or units auxiliary thereto, including the National Guard or Reserve.

PRE-EXISTING CONDITION LIMITATIONS: A "Pre-existing Condition" is an illness, disease, infection, disorder, or Injury for which, within the 12-month period before the Effective Date of coverage, prescription medication was taken or medical testing, medical advice, consultation, or treatment was recommended or received, or for which conditions existed that would ordinarily cause a prudent person to seek diagnosis, care, or treatment. Benefits will not be payable for any Loss that is caused by a Pre-existing Condition unless the Loss occurs more than 12 months after the Effective Date of coverage.

If this coverage is a replacement of similar coverage, we will give credit for the time the person was covered under previous coverage when determining the Pre-existing Conditions Limitations, exclusive of any applicable waiting periods under the new coverage.

(6) Renewability: The policy is guaranteed-renewable for your lifetime by the timely payment of premiums at the rate in effect at the beginning of each term, except that we may discontinue or terminate the policy if you have performed an act or practice that constitutes fraud or have made an intentional misrepresentation of material fact relating in any way to the

policy, including claims for benefits under the policy. Premium rates may change only if changed on all policies of the same form number and class in force in your state (in which the policy was sold).

RETAIN FOR YOUR RECORDS.

**THIS OUTLINE OF COVERAGE IS ONLY A BRIEF SUMMARY OF THE COVERAGE PROVIDED.
THE POLICY ITSELF SHOULD BE CONSULTED TO DETERMINE GOVERNING CONTRACTUAL PROVISIONS.**

TERMS YOU NEED TO KNOW

ACTIVITIES OF DAILY LIVING (ADLs): activities used in measuring your levels of personal functioning capacity. Normally, these activities are performed without direct personal assistance, allowing you personal independence in everyday living.

The ADLs are:

1. Bathing: washing oneself by sponge bath or in either a tub or shower, including the task of getting into or out of the tub or shower;
2. Maintaining continence: controlling urination and bowel movements, including your ability to use ostomy supplies or other devices such as catheters;
3. Transferring: moving between a bed and a chair, or a bed and a wheelchair;
4. Dressing: putting on and taking off all necessary items of clothing;
5. Toileting: getting to and from a toilet, getting on and off a toilet, and performing associated personal hygiene; and
6. Eating: performing all major tasks of getting food into your body.

COMA: a continuous state of profound unconsciousness lasting for a period of seven or more consecutive days and characterized by the absence of: (1) spontaneous eye movements, (2) response to painful stimuli, and (3) vocalization. The condition must require intubation for respiratory assistance. The term coma does not include any medically induced coma. The coma must begin on or after the effective date of coverage and while coverage is in force for benefits to be payable.

CORONARY ANGIOPLASTY: a medical procedure in which a balloon is used to open narrowed or blocked blood vessels of the heart (coronary arteries). This procedure may be performed with or without stents.

CORONARY ARTERY BYPASS GRAFT SURGERY (CABG): open-heart surgery to correct narrowing or blockage of one or more coronary arteries with bypass grafts, but excluding procedures such as but not limited to coronary angioplasty, valve replacement surgery, stent placement, laser relief, or other surgical or nonsurgical procedures.

COVERED PERSON: any person insured under the coverage type that you applied for on the application: individual (named insured listed in the Policy Schedule), named insured/spouse only (named insured and spouse), one-parent family (named insured and dependent children), or two-parent family (named insured, spouse, and dependent children). Spouse is defined as the person to whom you are legally married and who is listed on your application. Newborn children are automatically covered under the terms of the policy from the moment of birth. If individual or named insured/spouse only coverage is in force and you desire uninterrupted coverage for a newborn child, you must notify Aflac in writing within 31 days of the child's birth. If notice is given, Aflac may not charge an additional premium for the coverage of the child for the notice period. If the timely notice is not given, Aflac will convert the policy to one-parent family or two-parent family coverage and advise you of the additional premium due, if any. If notice is given within 60 days of the birth, Aflac will not deny coverage for a child due to your failure to timely notify us of the birth. One-parent family or two-parent family coverage will continue to include any other dependent child, regardless of age, who is incapable of self-sustaining employment by reason of mental retardation or physical handicap, and who became so incapacitated prior to age 26

and while covered under the policy. Dependent children are your natural children, stepchildren, legally adopted children, foster children, or children in your custodial care who are under age 26. A dependent child (including persons incapable of self-sustaining employment by reason of mental retardation or physical handicap) must be under age 26 at the time of application to be eligible for coverage.

EFFECTIVE DATE: the date(s) coverage begins as shown in the Policy Schedule or any attached endorsements or riders. The effective date **is not** the date you signed the application for coverage.

END-STAGE RENAL FAILURE: permanent and irreversible kidney failure, not of an acute nature.

HEART ATTACK: a myocardial infarction. The attack must be positively diagnosed (includes post-mortem diagnosis by autopsy) by a physician and must be evidenced by electrocardiographic findings or clinical findings together with blood enzyme findings. The definition of heart attack shall not be construed to mean congestive heart failure, atherosclerotic heart disease, angina, coronary artery disease, cardiac arrest, or any other dysfunction of the cardiovascular system. The heart attack must occur on or after the effective date of coverage and while coverage is in force for benefits to be payable. Sudden cardiac arrest is not a heart attack.

HOSPITAL: an institution licensed as a hospital and operated pursuant to the law, which is accredited by the Joint Commission on the Accreditation of Hospitals or American Osteopathic Association, that maintains and uses a laboratory, X-ray equipment, and an operating room on its premises or in facilities available to it on a prearranged, written, contractual basis. The institution must also have permanent and full-time facilities for the care of overnight-resident bed patients under the supervision of one or more licensed physicians, provide 24-hour-a-day nursing service by or under the supervision of a registered professional nurse, and maintain the patients' written histories and medical records on the premises. The term Hospital also includes ambulatory surgical centers. The term Hospital does not include any institution or part thereof used as an emergency room; a hospice unit, including any bed designated as a hospice bed or a swing bed; a transitional care unit; a convalescent home; a rest or nursing facility; a psychiatric unit; an extended-care facility; a skilled nursing facility; or a facility primarily affording custodial or educational care, care or treatment for persons suffering from mental disease or disorders, care for the aged, or care for persons addicted to drugs or alcohol.

HOSPITAL CONFINEMENT: a stay of a covered person confined to a bed in a hospital for a period of 23 hours or more for which a room charge is made. The hospital confinement must be on the advice of a physician. Treatment or confinement in a U.S. government hospital does not require a charge for benefits to be payable.

LOSS: a specified health event or coronary angioplasty occurring on or after the effective date of coverage and while coverage is in force.

MAJOR HUMAN ORGAN TRANSPLANT: a surgery in which a Covered Person receives, as a result of a surgical transplant, one or more of the following human organs: kidney, liver, heart, lung, or pancreas. **This does not include tissue, cell or fluid transplants, or transplants involving mechanical or nonhuman organs.**

PARALYSIS: complete and total loss of use of two or more limbs (paraplegia, quadriplegia, or hemiplegia) for a continuous period of at least 30 days as the result of a spinal cord injury. The paralysis must be confirmed by the attending physician. The spinal cord injury causing the paralysis must occur on or after the effective date of coverage and while coverage is in force for benefits to be payable.

PERSISTENT VEGETATIVE STATE: a state of severe mental impairment in which only involuntary bodily functions are present for a continuous period of at least 30 days and for which there exists no reasonable expectation of regaining significant cognitive function. The procedure for establishing a persistent vegetative state is as follows: two physicians, one of whom must be the attending physician, who, after personally examining the covered person, shall certify in writing, based upon conditions found during the course of their examination, that:

1. The covered person's cognitive function has been substantially impaired; and
2. There exists no reasonable expectation that the covered person will regain significant cognitive function.

PHYSICIAN: a person legally qualified to practice medicine, other than you or a member of your immediate family, who is licensed as a physician by the state where treatment is received to treat the type of condition for which a claim is made.

SPECIFIED HEALTH EVENT: heart attack, stroke, end-stage renal failure, major human organ transplant, third-degree burns, persistent vegetative state, coma, paralysis, coronary artery bypass graft surgery (CABG), or sudden cardiac arrest.

STROKE: apoplexy due to rupture or acute occlusion of a cerebral artery. The apoplexy must cause complete or partial loss of function involving the motion or sensation of a part of the body and must last more than 24 hours. The stroke must be positively diagnosed (includes post-mortem diagnosis by autopsy) by a physician based upon documented neurological deficits and confirmatory neuroimaging studies. Stroke does not mean head injury, transient ischemic attack (TIA), cerebrovascular insufficiency, or lacunar infarction (LACI).

SUDDEN CARDIAC ARREST: sudden, unexpected loss of heart function in which the heart abruptly and without warning stops working as a result of an internal electrical system malfunction of the heart. Any death where the sole cause of death shown on the death certificate is cardiovascular collapse, sudden cardiac arrest, cardiac arrest, or sudden cardiac death shall be deemed to be Sudden Cardiac Arrest for purposes of the policy. Sudden Cardiac Arrest is not a Heart Attack.

THIRD-DEGREE BURNS: an area of tissue damage in which there is destruction of the entire epidermis and underlying dermis and that covers more than 10 percent of total body surface. The damage must be caused by heat, electricity, radiation, or chemicals. This does not include skin abrasions caused by falling on and scraping skin on asphalt, concrete, or any other surface.



How to submit a claim:

Completing the claims process is fast and easy.

Most claims are paid in just one day¹ when you submit online using Aflac SmartClaim® and four days² when claims are received through other submission channels.

To Submit Claims Online

1. Log in to MyAflac and access Aflac SmartClaim®:
2. Click Start a SmartClaim to begin the process of filing an online claim.
3. Electronically submit (upload) all requested supporting documentation.
4. Click Submit.

* If your banking information is entered into the SmartClaim system, the funds will be direct deposited into your account.

For claims that cannot be submitted online, Aflac SmartClaim® will also provide the correct form you need.

Additional Forms of Submission:

If you choose not to submit your claim online, you can access a claim form at www.aflac.com/individuals/file-a-claim.

1. Complete the form
2. Attach all required supporting documents
3. Include your policy number, policyholder name, and date of birth or mailing address.

Claims may be faxed to: 877.44.AFLAC (877.442.3522)

Claims may be mailed to:

American Family Life Assurance Company of Columbus

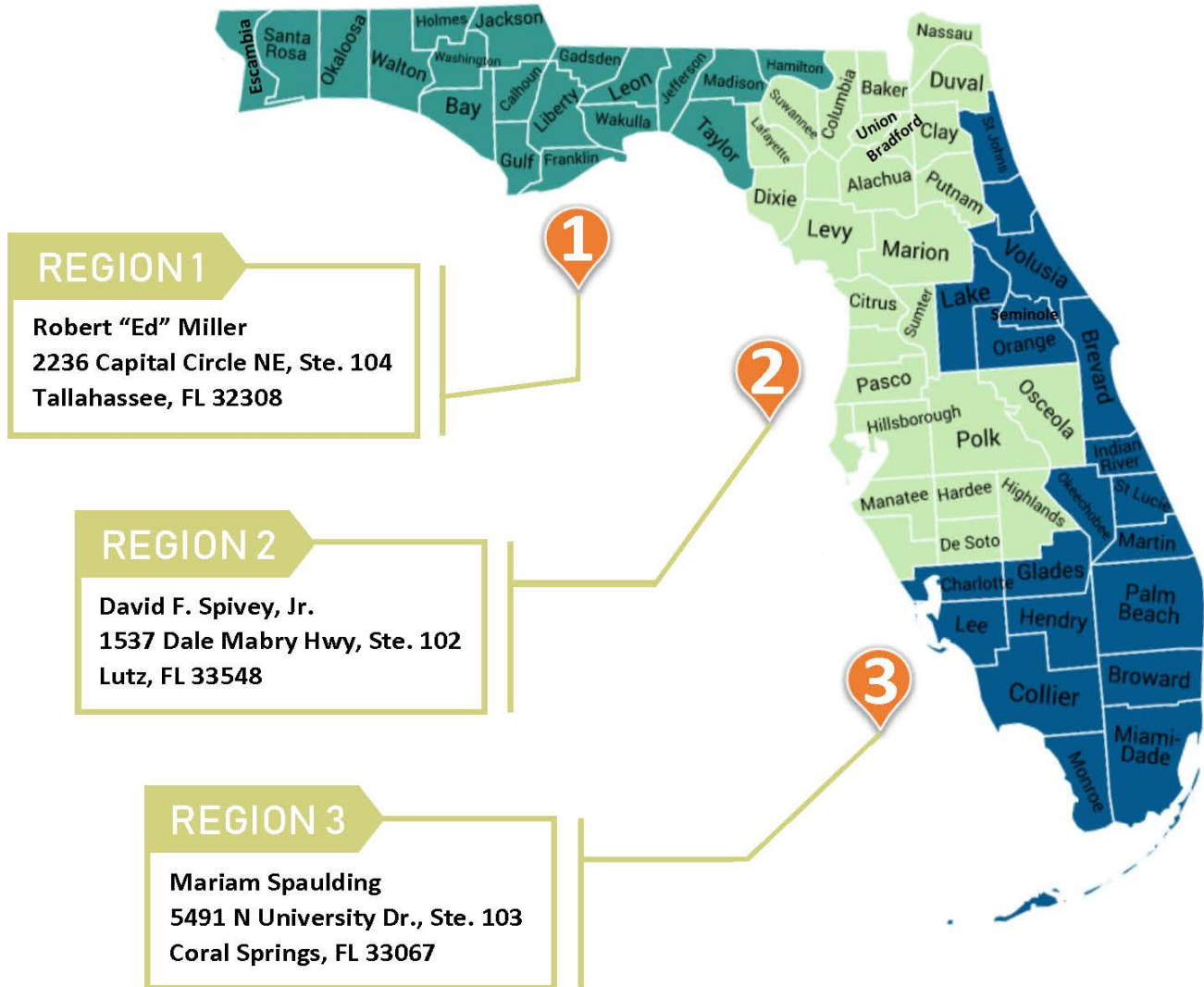
ATTN: Claims Department

1932 Wynnton Road

Columbus, GA 31999

¹One Day PaySM is available for certain individual claims submitted online through the Aflac SmartClaim® process. Claims may be eligible for One Day Pay processing if submitted online through Aflac SmartClaim, including all required documentation, by 3 p.m. ET. Documentation requirements vary by type of claim; please review requirements for your claim(s) carefully. Aflac SmartClaim is available for claims on most individual Accident, Cancer, Hospital, Specified Health, and Intensive Care policies. Processing time is based on business days after all required documentation needed to render a decision is received and no further validation and/or research is required. Individual Company Statistic, 2018. ²Aflac processes most properly documented claims in four days. Payment generally disbursed the following day. Aflac Individual Company Statistic, 2018

Contact your local Capital Insurance Representative for inquires or enrollment options



HOME OFFICE

1425 Piedmont Drive E, Ste. 301
Tallahassee, FL 32308

P.O. Box 15949
Tallahassee, FL 32317



Local 850.386.3100
Toll Free 800.780.3100
Fax 850.386.7116
Email groupdepartment@capitalins.com
Web www.capitalins.com



aflac.com || 1.800.99.AFLAC (1.800.992.3522)

Capital Insurance Agency, Inc.

800.780.3100

850.386.3100

groupdepartment@capitalins.com

www.capitalins.com

Underwritten by:
American Family Life Assurance Company of Columbus
Worldwide Headquarters | 1932 Wynnton Road | Columbus, Georgia 31999





**SPECIFIED HEALTH EVENT INSURANCE POLICY
(Series A74000)**

☐ New
☐ Conversion

Supplemental Health Insurance Coverage

Application to: American Family Life Assurance Company of Columbus
(herein referred to as Aflac)

Worldwide Headquarters • Columbus, Georgia 31999

Policy Number: _____

Please Print in Black Ink – To Be Completed by Proposed Insured

Proposed Insured's Name _____
Last First MI

DOB _____ Sex _____ SSN _____ - _____ - _____
Month/Day/Year

Address _____
Street or Post Office Box Apt. No.

City _____ State _____ ZIP _____

Telephone () _____
☐ Home ☐ Work ☐ Cell

Email Address (optional) _____

Are you applying for Dependent Child(ren) coverage? ☐ Yes ☐ No
If yes, Dependent Children must be under age 26 as of the Effective Date of coverage.

**Write Spouse's name below if you are applying for Two-Parent Family or Named Insured/Spouse Only coverage;
if you have no Spouse or your Spouse is not to be covered, put N/A in the space below.**

Spouse's Name _____ DOB _____ Sex _____
Last First MI Month/Day/Year

Account Name _____ Account No. _____

Name of Employer _____

PLEASE COMPLETE THE FOLLOWING ELIGIBILITY QUESTIONS

1. Are you, the Proposed Insured, actively at work with the employer listed above? ☐ Yes ☐ No
If no, a policy will not be issued; therefore, do not submit this application.
2. (a) Is your Spouse, if applying for coverage, actively at work? ☐ Yes ☐ No ☐ N/A
(b) If no, is your Spouse now hospitalized or unable to perform his or her normal
duties and activities? *If yes to 2(b), your Spouse is not eligible for coverage.* ☐ Yes ☐ No ☐ N/A

Is this insurance intended to replace any other health insurance now in force? ☐ Yes ☐ No
If yes, please read and sign the Replacement Notice provided by your agent, and provide the policy number, company
name, and Effective Date of the policy being replaced here: _____

Do you have any other critical illness coverage (Specified Health Event, Critical Care and
Recovery, or Lump Sum Critical Illness) with Aflac (not including a critical illness rider)? ☐ Yes ☐ No

If yes, this must be a conversion of that coverage. Please give current policy number and see
Applicant's Statements and Agreements concerning conversions.

Policy Number: _____

Do you have a hospital intensive care policy or rider with Aflac?

☐ Yes ☐ No

If yes, and you are applying for Option 2 or Option 3, and you have both a hospital intensive care policy and a critical illness policy, the oldest policy will be converted. The newest policy will be cancelled.

If yes, and you are applying for Option 2 or Option 3, and you only have a hospital intensive care policy, it will be converted.

If yes, and you are applying for Option 2 or Option 3, and you only have either a hospital intensive care rider or specified health event rider, it will be cancelled.

Please give current policy number and see Applicant's Statements and Agreements concerning conversions and replacement of coverage.

Policy Number: _____

PLEASE NOTE: If anyone other than the Proposed Insured is to be covered and has any other Specified Health Event, Critical Care and Recovery, or Lump Sum Critical Illness coverage with Aflac, or if applying for policy Option 2 or Option 3, any other hospital intensive care policy or rider with Aflac, the existing coverage must be cancelled in order to be covered under this policy. Please submit a request to cancel the existing coverage.

Check Coverage Desired:

☐ Individual

☐ Named Insured/
Spouse Only

☐ One-Parent Family

☐ Two-Parent Family

Policy (Select one):

☐ Option 1: Specified Health Event (Policy Form A74100FL)

☐ Option 2: Specified Health Event with Intensive Care Unit Benefits (Policy Form A74200FL)

☐ Option 3: Specified Health Event with ICU and Heart Surgery Benefits (Policy Form A74300FL)

☐ Pre-Tax
or
☐ After-Tax

Optional Riders:

☐ First-Occurrence Building Benefit Rider (Rider Form A74050FL)

Options: ☐ No rider ☐ New rider ☐ Retain current rider

☐ Specified Health Event Recovery Benefit Rider (Rider Form A74051FL)

Options: ☐ No rider ☐ New rider ☐ Retain current rider

Billing Method:

☐ Payroll Deduction

☐ Bank Draft (B/D, ACH)

☐ Credit Card (C/C)

Mode:

☐ 01 Semimonthly

☐ 01 Weekly

☐ 01 14-Day Biweekly

☐ 01 28-Day Biweekly

☐ 01 Monthly

☐ 03 Quarterly

☐ 06 Semiannual

☐ 12 Annual

PLEASE NOTE: If the B/D or C/C billing method is checked, only the following modes of payment are available: Monthly, Quarterly, Semiannual, or Annual.

Employee No. _____ Dept. No. _____ Agent's No. _____

Billable Premium \$ _____ Premium Collected \$ _____ Sit. Code _____

IF YOU ARE APPLYING FOR OPTION 1, OPTION 2, OR OPTION 3, PLEASE COMPLETE QUESTIONS 1 THROUGH 3.

1. Within the last five years, has anyone to be covered been diagnosed with or treated by a licensed member of the medical profession at a health facility for any of the following? ☐ Yes ☐ No

Heart Attack

Stroke or transient ischemic attack (TIA)

Kidney disease or disorder (excluding stones)

2. Within the last five years, has anyone to be covered had or been advised by a licensed member of the medical profession of the need to have any of the following? ☐ Yes ☐ No

Major organ transplant

Coronary artery bypass surgery

Angioplasty or stent placement

3. **If either of Questions 1 or 2 is answered yes, was it the:**

☐ Proposed Insured? ☐ Spouse? ☐ Child? If "Child," please list the name(s) of the child(ren).

Any person(s) indicated above will not be covered under the policy. If the named person is the Proposed Insured, a policy will not be issued; therefore, do not submit this application.

If a child, are any other children to be covered? ☐ Yes ☐ No

IF YOU ARE APPLYING FOR OPTION 2 OR OPTION 3, PLEASE ALSO COMPLETE QUESTIONS 4 THROUGH 11.

4. Is anyone to be covered the mother or father of a child currently conceived but as yet unborn, or within the last 12 months, has anyone to be covered been diagnosed with or treated by a licensed member of the medical profession for infertility? ☐ Yes ☐ No
5. Does anyone to be covered currently have or in the last ten years has anyone to be covered been diagnosed with or received medical treatment for any of the following by a licensed member of the medical profession? ☐ Yes ☐ No
- | | |
|--|--------------------------|
| Cerebral vascular insufficiency | Congestive heart failure |
| Congenital heart disease | Cystic fibrosis |
| (excluding surgically corrected atrial septal defect) | Systemic lupus |
| Heart-related chest pain (including angina or acute coronary syndrome) | |
6. Within the last five years, has anyone to be covered tested positive for exposure to the human immunodeficiency virus (HIV), or has anyone to be covered been diagnosed with or treated by a licensed member of the medical profession for acquired immune deficiency syndrome (AIDS) or AIDS-related complex (ARC) caused by the HIV infection or other sickness or condition derived from such infection? ☐ Yes ☐ No
7. Does anyone to be covered currently have or in the last ten years has anyone to be covered been diagnosed with or received medical treatment by a licensed member of the medical profession for diabetes:
- requiring the use of insulin within the last five years;
with complications to include retinopathy, neuropathy, or nephropathy;
with continued tobacco use; or
diagnosed prior to age 30 (excluding gestational)? ☐ Yes ☐ No
8. Is anyone to be covered currently confined in a hospital or nursing home, or within the last 12 months, has hospitalization been recommended by a Physician? ☐ Yes ☐ No
9. Does anyone to be covered currently have or in the last ten years has anyone to be covered been diagnosed with or medically treated by a licensed member of the medical profession for sickle cell anemia or emphysema, or has anyone to be covered required the use of oxygen for a chronic respiratory disease/disorder, excluding the use of a CPAP machine for the treatment of sleep apnea? ☐ Yes ☐ No
10. In the last 12 months, has anyone to be covered received treatment for more than 24 hours in a Hospital Intensive Care Unit (not including treatment as a result of an accident)? ☐ Yes ☐ No

11. If any one of Questions 4 through 10 is answered yes, was it the:

☐ Proposed Insured? ☐ Spouse? ☐ Child? If "Child," please list the name(s) of the child(ren).

Any person(s) indicated above will not be covered under the policy. If the named person is the Proposed Insured, a policy will not be issued; therefore, do not submit this application.

If a child, are any other children to be covered? ☐ Yes ☐ No

IF YOU ARE APPLYING FOR OPTION 3, PLEASE ALSO COMPLETE QUESTIONS 12 – 15.

12. In the last ten years, has anyone to be covered had or been advised to have, or consulted with or been evaluated by a licensed member of the medical profession of the need to have, any of the following? ☐ Yes ☐ No

Defibrillator placement

Pacemaker placement

Heart valve surgery

13. Within the last 12 months, has anyone to be covered been prescribed medication for irregular heartbeat, heart palpitation, or tachycardia (not including preventive treatment with antibiotics prior to dental appointment); received medical treatment in an emergency room or hospital for hypertension/high blood pressure (not related to pregnancy); or had a medication change to improve blood pressure readings, by a licensed member of the medical profession? ☐ Yes ☐ No

14. Does anyone to be covered currently have or in the last ten years has anyone to be covered been diagnosed with or received medical treatment for any of the following by a licensed member of the medical profession? ☐ Yes ☐ No

Heart Attack (two or more)

Coronary artery disease

Bypass surgery

Atrial fibrillation

Cardiomyopathy

Arterial blockage

Peripheral vascular disease

Stroke or TIA (two or more)

15. If any one of Questions 12 through 14 is answered yes, was it the:

☐ Proposed Insured? ☐ Spouse? ☐ Child? If "Child," please list the name(s) of the child(ren).

Any person(s) indicated above will not be covered under the policy. If the named person is the Proposed Insured, a policy will not be issued; therefore, do not submit this application.

If a child, are any other children to be covered? ☐ Yes ☐ No

APPLICANT'S STATEMENTS AND AGREEMENTS:

- I understand that the Effective Date of the policy will be the date recorded in the Policy Schedule by Aflac Worldwide Headquarters. It is not the date I signed this application.
- I understand that the policy I am applying for will not cover any person who has reached his or her 71st birthday before the Effective Date of coverage. **The Benefits for Hospital Intensive Care Unit Confinements in the Option 2 (Form A74200FL) and Option 3 (Form A74300FL) policies reduce to half at age 70.**
- I understand that coverage is not provided for an illness, disease, infection, disorder, or Injury for which, within the 12-month period before the Effective Date of coverage, prescription medication was taken or medical testing, medical advice, consultation, or treatment was recommended or received, or for which conditions existed that would ordinarily cause a prudent person to seek diagnosis, care, or treatment. Benefits will not be payable for any Loss that is caused by a Pre-existing Condition unless the Loss occurs more than 12 months after the Effective Date of coverage. If this

coverage is a replacement of similar coverage, we will give credit for the time the person was covered under previous coverage when determining the Pre-existing Conditions Limitations, exclusive of any applicable waiting periods under the new coverage.

Proposed Insured's Initials _____

- If applicable, I understand that Dependent Children, if any, must be under age 26 as of the Effective Date of coverage. Once covered, Dependent Children will continue to be covered until their 26th birthday. When coverage on all Dependent Children terminates, you must notify Aflac, in writing, and elect whether to continue the coverage on an Individual or Named Insured/Spouse Only basis. After such notice, Aflac will arrange for the payment of the appropriate premium due, including returning any unearned premium.
- I acknowledge receipt of, if applicable:
 - ☐ Replacement Notice
 - ☐ *Guide to Health Insurance for People with Medicare*
 - ☐ Outline of Coverage
- I understand that (1) the policy, together with the applications, endorsements, benefit agreements, riders, and attached papers, if any, constitutes the entire contract of insurance, and (2) no change to the policy will be valid until approved by Aflac's president and secretary, and noted in or attached to the policy.
- I understand that (1) Aflac is not bound by any statement made by me, or any agent of Aflac, unless written herein and (2) the agent cannot change the provisions of the policy or waive any of its provisions either orally or in writing.
- I understand that the premium amount listed on this application represents the premium amount that my employer will remit to Aflac on my behalf. I further understand that this amount, because of my employer's billing/payroll practices, may differ from the amount being deducted from my paycheck or the premium amount quoted to me on an online enrollment system, if applicable.
- I have read, or had read to me, the statements and answers I have provided on this application. I understand that the policy is to be issued based upon these statements and answers, and any other pertinent information Aflac may require for proper underwriting. The answers are complete and true to the best of my knowledge and belief. I understand that all statements made in this application are deemed representations and not warranties, but that material misrepresentations herein may result in loss of coverage under the policy.
- I understand that the purchase of the policy is intended to supplement my existing comprehensive health care coverage. It is not intended to replace or be issued in lieu of that coverage.
- If I am applying to replace existing Aflac coverage with this policy, I acknowledge that the policies and/or rider may have different benefits and that I should compare them to determine which is best for me. I understand and agree that I am terminating my current Aflac policy and/or rider and its/their benefits for the benefits provided in this Aflac policy.

Proposed Insured's Initials _____

- If this is an application for a conversion of coverage, the following conditions will apply: (1) If any one of Questions 1 or 2, 4 through 9, or 11 through 13 is answered yes, the policy for which this application is made for the person(s) identified in Item 3, Item 10, or Item 14 will be void, and coverage will continue for such person(s) only under the terms of the previous policy, if such policy remains in force; (2) The Time Limit on Certain Defenses provision will run from the Effective Date of the new policy, and the original policy will be terminated as of the Effective Date of the new policy; and (3) The Pre-existing Condition Limitations provision in the new policy will run from the original policy's Effective Date for the benefits provided under the original policy. For any increased benefit amount, the Pre-existing Condition Limitations provision in the new policy will run from the new policy's Effective Date.

Proposed Insured's Initials _____

I prefer to receive an electronic copy of my policy instead of a paper copy. ☐ Yes ☐ No
If yes, please enter your email address on Page 1.

Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim or an application containing any false, incomplete or misleading information, is guilty of a felony of the third degree.

Signed and Dated at _____ on _____
City and State Date

Proposed Insured's Signature _____

I certify that I personally saw the Proposed Insured when the application was written, and each question was asked of the Proposed Insured and answered as recorded. All answers above are correct to the best of my knowledge.

Agent's Signature _____ Date _____
Licensed Agent

Typed or Printed Name of Agent: _____

Agent Telephone Number: _____

Agent Florida License Number: _____

**MAKE CHECK OR MONEY ORDER PAYABLE TO AFLAC.
FOR INFORMATION, CALL TOLL-FREE 1.800.99.AFLAC (1.800.992.3522).
VISIT OUR WEBSITE AT AFLAC.COM.**

For policies that pay fixed dollar amounts for specified diseases or other specified impairments. This includes cancer, specified disease, and other health insurance policies that pay a scheduled benefit or specific payment based on diagnosis of the conditions named in the policy.

**IMPORTANT NOTICE TO PERSONS ON MEDICARE
THIS IS NOT MEDICARE SUPPLEMENT INSURANCE**

Some health care services paid for by Medicare may also trigger the payment of benefits from this policy.

This insurance pays a fixed amount, regardless of your expenses, if you meet the policy conditions, for one of the specific diseases or health conditions named in the policy. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:

- * hospitalization
- * physician services
- * hospice
- * outpatient prescription drugs if you are enrolled in Medicare Part D
- * other approved items and services

This policy must pay benefits without regard to other health benefit coverage to which you may be entitled under Medicare or other insurance.

Before You Buy This Insurance

- * Check the coverage in **all** health insurance policies you already have.
- * For more information about Medicare and Medicare Supplement insurance, review the *Guide to Health Insurance for People with Medicare*, available from the insurance company.
- * For help in understanding your health insurance, contact your state insurance department or state health insurance assistance program (SHIP).